



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

# ***Management of Diarrhoea in Chemotherapy Oncology Patients***

**Policy Owner: Singleton Service Delivery Unit Cancer Service Group**

**Approved by: SACT Service Improvement Group**

**Version: 1**

**Issue date: October 2018**

**Review date: October 2021**

***Document No: CID: 2878***

## Definition

Diarrhoea is defined as the passage of three or more loose stools per day (or more frequent passage than is normal for that individual). The type of stool is not relevant to the diagnosis of diarrhoea, it is the frequency.

Chemotherapy related diarrhoea is diarrhoea that occurs following the commencement of chemotherapy, within 6 weeks. If the diarrhoea started before chemotherapy but then changed in frequency it could still be related to the chemotherapy.

Diarrhoea is a common side effect of chemotherapy but it can also be due to other causes (see below), which are important to rule out. It can cause significant morbidity and mortality and is therefore important to treat promptly and appropriately.

**THINK SEPSIS.** All patients within 6 weeks of chemotherapy or with disease related immunosuppression are at risk of neutropenic sepsis, even if afebrile. If not properly treated, diarrhoea can be life-threatening, especially in a patient who is also neutropenic.

Diarrhoea is a common side effect of treatment but chemotherapy also increases risk of infection including *Clostridium difficile* (*C.diff*).

## Evaluation

**Observations:** Temperature, Pulse, BS, RR, O<sub>2</sub> sats, NEWS  
**Investigations:** Full Blood Count, U&Es, LFTs, CRP, consider abdominal X-ray

**Stool sample:** outpatients – if >12 hours duration  
 Inpatients – after 1st loose stool (type 5-7)  
 If *c.diff* confirmed by stool sample refer to [infection control policy](#).

- Document severity/frequency of bowel movements
- Has the patient recently received radiotherapy treatment to GI tract?
- What chemotherapy is the patient on and when was the last treatment/tablet?
- Has the patient had diarrhoea on previous cycles? If not, may indicate infection more likely.
- Has the patient received immunotherapy in the last 12 months (see appendix 2)? If so refer to [immunotherapy toxicity guidelines](#).
- Any recent antibiotics or recent hospital/care home admissions? Sweats/fever/bloody stools/abdominal tenderness/raised white cells all suggest infection (note white cells will not be raised if neutropenic).
- Do they have any other chemotherapy related toxicities, e.g. nausea & vomiting, mouth ulcers or red hands/feet?
- Does the patient have abdominal pain/cramping/discomfort
- Have they taken any laxative or anti-sickness medication in the last 24 hours? What? (may be prescribed as part of chemotherapy support).
- Are they on any of the following chemotherapy drugs (see regimen specific protocols):-
  - **Capecitabine or Fluorouracil (5FU) – consider DPD deficiency**
  - **Irinotecan – see appendix 1**
  - **Erlotinib**
  - **Cabazitaxel**

**Consider other causes, including:**

- Subacute obstruction, or constipation with overflow (abdominal X-ray if suspicious)
- Steatorrhoea in pancreatic or biliary malignancy
- Hypersecretion of 5-HIAA (carcinoid tumours)
- Previous GI surgery
- Other medicines, e.g. laxatives, bulking agents, prokinetics
- Other co-morbidities, e.g. diverticulitis, Crohn’s disease
- CMV colitis
- Lactose intolerance (10% patients on 5FU become lactose intolerant)
- Typhilitis (inflammation of the caecum)
- Bacterial Overgrowth

**Collect stool culture before commencing loperamide if the patient has had any of the following:**

- Hospitalisation within the last 6 weeks
- Antibiotics within the last 6 weeks
- Bloody diarrhoea
- Recent travel abroad
- History of contact with diarrhoea
- Previous *C.diff*

Once the stool culture has ruled out infection loperamide can be used and the pathway below can be followed.

**Table 1: Diarrhoea assessment criteria**

| Grade 1   | Grade 2   | Grade 3   | Grade 4  |
|---|---|---|--|
| Increase to 2-3 bowel movements a day over pre-treatment baseline or mild stoma output. | Increase of 4-6 bowel movements a day over pre-treatment baseline, moderate increase in stoma output, moderate cramping and nocturnal stools. | Increase of 7-9 bowel movements a day over pre-treatment baseline or incontinence. Severe increase in stoma output, severe cramping, nocturnal stools interfering with ADL. | Increase to > 10 bowel movements a day over pre-treatment baseline and/or grossy bloody diarrhoea, and/or need for parenteral nutrition. |

**Table 2: Diarrhoea assessment criteria – with stoma**

| Grade 1  | Grade 2  | Grade 3   | Grade 4                        |
|--|--|---|--------------------------------|
| Mild increase in stoma output compared to baseline | Moderate increase in stoma output compared to baseline. Not interfering with daily activities. | Severe increase in stoma output from baseline. Interfering with daily activities. | Life threatening consequences. |

## Management

|  |   |
|--|---|
| <b>Grade 1-2 with no complications</b>   | <b>Grade 3-4 or 1-2 with one or more of cramping, fever, sepsis, neutropenia, frank bleeding, dehydration, nausea &amp; vomiting, decreased PS</b>  |
| <b>Initially</b>   |   |
| <p>Medication review – withhold drugs (including SACT) that may be contributing to symptoms until AOS or site specific team review.</p> <p>Start Loperamide 4mg STAT followed by 2mg after every loose stool (max 16mg/24 hours).</p> <p>Review regimen specific management guidance.</p> <p>Increase oral fluids (2-3 L per day).</p>   | <p><b>Discuss with SpR on call.</b></p> <p>Stop all chemotherapy, including orals.</p> <p>Immediate IV fluid resuscitation. Replace fluid and electrolyte losses: FLUID BALANCE IS CRITICAL whatever the cause.</p> <p>Pyrexia (temp &gt;38°C) &amp; recent chemotherapy → assess using sepsis screening tool and follow <a href="#">neutropenic sepsis policy</a>.</p> <p>If tense, distended abdomen, AXR, discuss with surgical SpR and consider surgical review → patient should be nil by mouth (sips only) if perforation is suspected.</p> <p>Adjust ongoing fluids according to fluid balance status and renal function.</p> <p>Stop ACE-inhibitors/diuretics/NSAIDs, folic acid can increase the side effects of some drugs.</p> |
| <b>12-24 hours after initiation</b>  |   |
| <p><b>If resolved:</b> discontinue anti diarrheal(s) after 12-24 hours free of diarrhoea.</p> <p><b>If not resolved:</b></p> <p>Increase loperamide to 2mg every 2 hours</p> <p>If Loperamide ineffective add codeine phosphate 30-60mg QDS (max 240mg/24hours).</p> <p>Start prophylactic oral antibiotics as appropriate, Ciprofloxacin 500mg bd for 7 days</p> <p>Octreotide 600mcg/24 hours s/c for 5 days.</p>  | <p><b>If resolved:</b> discontinue anti diarrheal(s) after 12-24 hours free of diarrhoea.</p> <p><b>If not resolved:</b></p> <p>Octreotide 600mcg/24 hours s/c for 5 days</p>   |
| <b>24-48 hours after initiation</b>  |   |
| <p><b>If resolved:</b> discontinue anti diarrheal(s) after 12-24 hours free of diarrhoea.</p> <p><b>If not resolved:</b></p> <p>If progressed to grade 3-4 treat as per grade 3-4 advice.</p> <p>If still grade 1-2:<br/>                 Stop all chemotherapy, including orals.<br/>                 Repeat initial investigations.<br/>                 Abdominal and rectal examination, AXR<br/>                 Stop loperamide and start Budesonide CR 9mg po od until diarrhoea resolves</p> | <p><b>If not resolved:</b></p> <p>Contact gastroenterology for advice</p>   |

**Appendix 1 – Management of Irinotecan induced diarrhoea.**

The onset of diarrhoea maybe acute (<24 hours of administration) or delayed (>24 hours of administration).

Acute: cholinergic syndrome occurs during administration of Irinotecan and can be controlled by giving Atropine 300 micrograms sc during administration, this is included on the chemotherapy prescription. Should the syndrome develop after administration a further dose can be given.

Delayed: the risk is increased in patients:

- Previous abdominal/pelvic radiotherapy.
- Patients receiving concurrent 5-FU or capecitabine
- Performance status >2

As soon as the first liquid stool occurs the patient should:

- Drink large volumes of water
- Take loperamide 4mg immediately
- Take loperamide 2mg **every 2 hours** for at least 12 hours and for 12 hours following the last liquid stool

After 24 hours of persistent diarrhoea and no signs of infection:

- Start ciprofloxacin 500mg po bd for 5 days

Admit to hospital if:

- Persistent diarrhoea for >48 hours despite loperamide
- Severe diarrhoea requiring intravenous hydration
- Diarrhoea with fever
- Concomitant vomiting

## **Appendix 2 – Immunotherapy Drugs**

Not all non-cytotoxic drugs are classed as “immunotherapy”; this is a specific group of drugs that produces a range of side effects unique to them.

This is a list of immunotherapy drugs that need to be managed under the [immunotherapy toxicity guidelines](#) but it may not be exclusive and if in doubt check the product licence or seek further advice:

- Atezolizumab
- Nivolumab
- Ipilimumab
- Pembrolizumab
- Avelumab
- Durvalumab



**Abertawe Bro-Morgannwg University Health Board  
Authorisation Form for Publication onto COIN**

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

|   |  |
|---|--|
| COIN ID.  | 2878   |
| Title.  | Management of Diarrhoea in Chemotherapy Oncology Patients            |
| Name and Signature of Author/Chair of Group or Committee.   | [Redacted]   |
| Name and Signature of Lead Pharmacist.  | [Redacted]   |
| Please specify whether the document is New, Revised or Supersedes a previous version.   | New  |
| Please specify the section on COIN where you wish the document to be published.   | Home > Specialties > Oncology > Hypersensitivity and Supportive Care |
| Please sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit. | [Redacted]<br>Approved by SACT Service Improvement Group             |
| Is the document relevant to the GP Portal?  | No   |
| Has NICE guidance been considered when producing this guidance? If yes, please state the title or reference number              | N/A  |
| Equality Statement (Mandatory for Policies). <sup>(1)</sup>   | N/A – protocol/guidelines  |
| Please specify keywords to assist with searching. <sup>(2)</sup>  | Diarrhoea, toxicity, chemotherapy, SACT                              |
| Published.  | 31/10/2018   |
| Last Review.  | N/A  |
| Next Review/Expiry Date.  | 31/10/2021   |

- (1) All policies need to comply with the Policy for the production, consultation, approval, publication and dissemination of strategies, policies, protocols, procedures and guidelines
- (2) Relevant keywords will assist COIN users with searching for documents.